

REGULATED RATE CONTRACTS MAY 2017

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STANDARD CONTRACT FORM: RFR and Rate Contracts

The Standard Contract Form is the legal document that binds the Department of Developmental Disabilities and a provider agency into an agreement whereby the provider has been qualified to provide a stated service(s). For regulated rate services, once awarded, the provider will sign a Standard Contract Form (SCF) with DDS. The contract will be a Rate contract and will identify regulations that govern payment for services. The contract may either be set up as a “Rate Contract or Rate/Master Agreement.” The SCF will be multi year, making it unnecessary for the provider to submit an amended SCF unless service/s to be purchased changes. The Department will use the Service Summary Form, or Statement of Work (residential blended rate services) to outline projected units to be purchased each year. Statements of Occupancy were issued for FY18 to differentiate occupancy costs from operational costs associated with Adult Long Term Residential Services, ABI Long Term Residential Services and Emergency Residential Stabilization services.

Amendments to a Master Agreement Contract are required when there is a material change in services supported. In the case of Master Agreements covering services in activity codes under RFR’s EMP/DAY09 and SSQUAL-10/SSQUAL-16, an amendment is required if the provider is approved to add a service model not currently included in the Master Agreement contract.

Per statute, regulated rates are reviewed periodically and DDS is required to pay the newly promulgated rates. The following chart lists RFR issued by the Department where the reimbursement for services is according to regulated rates set by the EOHHS.

RFR: Reimbursed Via Regulated Rates	Activity Code	Activity Name
ANSS-15	3174	LUSA (Support Services)
EMER-RES-10	3182	Emergency Stabilization
IHS-16	3703	Individualized Home Supports
PS-15	3150	Placement Services
PS-15	3752	ABI-Shared Living
ALTR-14	3153	Adult Long Term Residential
ALTR-14	3753	Occupancy ALTR
ALTR-14	3751	ABI Residential
ALTR-14	3713	Occupancy ABI Residential
9CIESINTEGRATED	3180	Comp. Integrated Employment (EHS)
EMP/DAY09	3163	Community Based Day Supports
EMP/DAY09 (MASS HEALTH)	3165	Adult Day Health
EMP/DAY09	3168	Individual Supported Employment
EMP/DAY09	3181	Group Supported Employment
EMP/DAY09	3285	Day Hab Supplement

RFR: Reimbursed Via Regulated Rates	Activity Code	Activity Name
EMP/DAY09	3196	Individual Support Emp Trans.
EMP/DAY09	3777	Active Treatment
CT-18	3170	Clinical Team
CRP-17	3274	Corporate Rep Payee
MASSHEALTH RATE	3764	Facility Day Habilitation
MASSHEALTH RATE	3664	Day Habilitation Services
SSQUAL-10/SSQUAL-16	3700	Family Support Navigation
SSQUAL-10/SSQUAL-16	3701	In-Home Respite Services - Day
SSQUAL-10/SSQUAL-16	3702	Care Giver's Home Respite Svs
SSQUAL-10/SSQUAL-16	3703	Individual Home Supports
SSQUAL-10/SSQUAL-16	3705	Children's Respite-Care Givers Home
SSQUAL-10/SSQUAL-16	3707	Adult Companion
SSQUAL-10/SSQUAL-16	3709	Community Family Trng
SSQUAL-10/SSQUAL-16	3710	Behavioral Supports & Consult
SSQUAL-10/SSQUAL-16	3712	Emergency Stab-Care Giver's Home
SSQUAL-10/SSQUAL-16	3716	Community/Residential Peer Support
SSQUAL-10/SSQUAL-16	3731	Respite in Recipient's Home – Hrly
SSQUAL-10/SSQUAL-16	3735	Child Respite Care Giver's Home - Hrly
SSQUAL-10/SSQUAL-16	3759	Site Based Respite Adults
SSQUAL-10 AWC	6700	Agency w/Choic-Fam. Support Navigation
SSQUAL-10 AWC	3753	Agency w/Choice-Admin Fee
SSQUAL-10 DESE	3700	Family Support Navigation: DESE
MCB OM 16/Vision-17	3253	Vision and Mobility Services
FSS-10	3770	Family Support Centers
FSS-10	3771	Cultural Linguistic Family Sup Cntrs.
FSS-10	3772	Autism Support Centers
FSS-10	3773	Intensive Flexible Family Support
FSS-10	3774	Medically Complex Program
FSS-10	3775	Facility Based Respite for Children
Various	3781	Financial Assistance Administration

Regulations promulgated by the Executive Office of Health and Human Services that list regulated rates that can be paid by the Department can be found at the following web site:
<http://www.mass.gov/eohhs/gov/laws-regs/hhs/purchase-of-service-rates-for-social-services.html>

STATEMENT(S) OF WORK (SOW)/STATEMENT(S) OF OCCUPANCY

The Statement of Work is a document that is submitted to accompany residential services supported through blended rates. This document is not a formal attachment or amendment to the Standard Contract Form. Its purpose is to state the projected number of units, blended rate/s, and expected funding agreed to by DDS and the provider. There are several versions of this document: ALTR (Operational), Placement/Shared Living services, ABI Residential (Operational), and Emergency Stabilization Residence (Operational). Occupancy rates associated with 24 hour blended rate residential engagements are covered through a Statement of Occupancy (SOO).

An Occupancy Worksheet is to accompany all Statements of Occupancy. This Worksheet is designed in Excel to capture information related to the occupancy expenses associated with each Residential site. The worksheet has embedded formulas which will calculate the proper occupancy rate based on occupancy bands outlined in the Adult Long Term Residential Regulation, 101 CMR 420.00.

The attestation, certification, and signature page has been moved from the Occupancy Worksheet to the FY2018 Statement of Occupancy(s) so that providers can email completed Occupancy Worksheets to the regional contract staff versus sending pdf version. Excel versions of worksheets are necessary for Central Contracts Office to complete an analysis of occupancy costs and offsets.

For services beginning July 1, 2018, providers are to sign the SOW and/or SOO and email to their regional contract staff with their Occupancy Worksheet. Signed original copies of the documents are no longer required. Once the regional contract manager has signed, the final executed documents will be emailed to providers for their files.

SERVICE SUMMARY FORM (SSF)

The Service Summary Form is a document that is submitted to accompany non-residential/occupancy service contracts. It is a form that outlines the units to be purchased at the agreed upon rate/s. The rate/s multiplied by the projected number of units equals the estimated expenditure for the year. The amount is an estimated expenditure as actual payment will be based on the number of units provided.

The DDS Service Summary Form is completed prior to the start of the fiscal year and is revised during the year based on utilization and new authorizations. This document is not a formal attachment or amendment to the Standard Contract Form. Its purpose is to state the projected number of units, unit rate/s, and expected funding agreed to by DDS and the provider.

The SSF is completed for the following RFR services. On the SSF, providers are asked to include the Master Agreement number associated with the RFR under which the contract was awarded.

RFR #	Description	Master Agreement Number
ANSS-15	Support Services LUSA	DDSSUPP(A-E)(F-N)(O-Z)0000000000
EMP-DAY-09	Employment and Day Services	DDSM01(A-G)(H-M)(N-Z)0000000000

IHS-16	In Home Supports	DDSIHS(A-E)(F-N)(O-Z)00000000000
FSS-10	Family Support Services	NA*
PSY-11	Psychologists and Psychiatrists	DDSPSY110000000000000
SDQUAL-10		
AWC	Agency With Choice	DDSAWCQ1000000000000
SDQUAL-10		
DESE	DESE	DDSESE1000000000000
SSQUAL-10	Support Services Qualifying List	DDSSSQL(A-G)(H-M)(N-Z)00000000000

*FSS-10 Contracts were issued as Rate Contracts and not as Rate/Master Agreement contracts. Providers that have signed a Standard Rate Contract Form and the end date is June 30, 2020, can process services through a SSF for FY2018. FSS-10 Contracts that are only written through June 30, 2017, require the submission of a Standard Contract Form, Attachment 1, Attachment 3 and SSF for FY18.

A link to the Word and PDF versions of the SOW, SOO and SSF can be found on the DDS POS main web site. The regions will complete the Statements of Work and the Statement of Occupancy and forward to providers for signature. For non ABI services, the SOW email will include a report from the Department's Integrated Contract Management System (ICMS) which will show the rate and capacity per house, add-ons and the calculated blended rate. For ABI sites, the region will include an Excel spreadsheet showing how the blended rate was calculated.

OCCUPANCY WORKSHEET

The Occupancy Worksheet for ALTR Contracts is available by contacting the DDS Regional Contracts Office. A worksheet template can be found on pages 7 and 8.

The Occupancy Worksheet does not change unless: 1) a new site is added and a rate has been established and approved by the Executive Office of Health and Human Services, or, 2) the provider experiences an extraordinary increase in occupancy costs at a current site and the region agrees the change is significant and the rate for the site should be re-negotiated. An example of an extraordinary increase is the cost to renovate a bathroom to make handicapped accessible. The Department cannot pay for the renovation costs as considered a non-moveable expense, but the area/regional office may consider increasing the depreciation cost for the site.

General Instructions: Occupancy Worksheet

Lines 1 – 4 General Provider Information:

Enter the legal name of the provider; the 20 digit contract number of the contract; the purchasing agency (DDS) and local office where the program is located (e.g. DDS/Springfield Area Office) Enter the data for each site in the proper column (e.g. Single Family House, Apartment, or Condo. If there are more than three sites in the program, enter the Type of Site in the needed extra column(s) (G and I) and the data associated with the additional site(s).

Line 5 Capacity

Enter the total capacity of the program. The total capacity includes the number of individuals in the program including all individuals funded by DDS and any individuals who may be funded by a purchasing agency other DDS.

Line 20 Daily Rate:

DO NOT ENTER DATA. The daily rate for each program site will be automatically calculated and entered on line 20 based on UFR costs and adjustments entered by providers. The daily rate will be calculated as follows: The total on line 19: Net Expenses for Site will be divided by the total number of units in the program (the capacity entered on line 5 times 365.)

Line 21 Class Rate:

DO NOT ENTER DATA. The class rate for the total occupancy portion of each program site will automatically be entered on line 21. The class rate is determined by comparing the calculated Daily Rate (line 20 above) with the EOHHS Occupancy Bands for determining the appropriate class rate based upon a range of calculated Daily Rates.

Line 22 Calculated Payment Level:

DO NOT ENTER DATA. The payment associated with the total capacity contracted by the provider for each program site will be automatically calculated and entered on line 22. The Calculated Payment Level is determined by multiplying the Class Rate (line 21 above) by the number of units in the program (see line 20 above).

Lines 23 and 24 Capacity Purchased by Other Contract:

ENTER DATA ONLY IF A PORTION OF THE TOTAL CAPACITY IN A SITE IS PURCHASED BY A PURCHASING AGENCY OTHER THAN DDS. Enter the name of the purchasing agency other than DDS that is purchasing a portion of the total capacity of the program in line 23-column C. Enter in line 24-column C the total number of individuals associated with the non-DDS purchasing agency for all the sites listed on the Worksheet (Columns D-I). Calculate the total expenditures associated with the non-DDS purchasing agency for each site and enter this dollar amount in the appropriate column in line 24. Calculate this dollar amount as a proportion of the Net Payment Level for Site (line 25.)

Line 25 Net Payment Level for Site:

DO NOT ENTER DATA. The total for the occupancy cost of the DDS capacity of the program prior to any offsetting income is automatically calculated and entered in line 25. This value is the DDS payment level for the site prior to any offsets.

Lines 26 – 29: Offsets

Enter any offsetting funds applicable to DDS sites into the appropriate line(s) and column(s).

Line 30 Total Offsets:

DO NOT ENTER DATA. The total offsets will be calculated automatically and entered on line 30.

Line 31 Net Payment After Offsets:

DO NOT ENTER DATA. The net payments after offsets will be automatically calculated by subtracting the total offsets (line 30) from the Net Payment Level for Site (line 25) and entered on line 30.

Line 30 Monthly Billing Rate (net payment after offsets/12):

DO NOT ENTER DATA. The monthly DDS reimbursable value will be calculated by dividing the value in line 30 by 12. This value will be entered in line 30.

**Sample: Occupancy Worksheet for
ALTR/ABI ALTR Contracts**

A	B	C	D	E	F	G	H	I
	Provider Name	-	Total	Site 1	Site 2	Site 3	Site 4	Site 5
1	-	-	Street					
	Contract Number	-	City/Town					
2	-	-	Zip					
	State Office responsible for contract	-						
3	-	-						
4	Type of site (single family house, condo, apartment, etc.)	-	UFR Schedule B					
5	Capacity	-	0					
6	Reported on UFR for Location : UFR Year ->	-						
7	UFR Line 13E - Facility and Program Equipment Expenses		-					
8	UFR Line 14E - Facility and Program Depreciation		-					
9	UFR Line 15E- Facility Operations Maintenance and Furn.		-					
10	UFR Line 16E - Facility General Liability Insurance		-					
11	UFR Line 24E - Food		-					
12	Total Reported UFR Expenditures		-	-	-	-	-	-
	Adjustments to UFR							
13	UFR Line 13E - Facility and Program Equipment Expenses		-					
14	UFR Line 14E - Facility and Program Depreciation		-					
15	UFR Line 15E- Facility Operations Maintenance and Furn.		-					
16	UFR Line 16E - Facility General Liability Insurance		-					
17	UFR Line 24E - Food		-					
18	Total Post-UFR Adjustments		-	-	-	-	-	-
19	Net Expense for Site		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20	Daily Rate			\$ -	\$ -	\$ -	\$ -	\$ -
21	Class Rate			\$ -	\$ -	\$ -	\$ -	\$ -
22	Calculated Payment Level		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23	Capacity Purchased by other contract: Purchaser ->							
24	Capacity Purchased by other contract: Capacity ->			\$	\$	\$	\$	\$
25	Net Payment Level for Site		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Offsets							
26	Charges for Care (SSI, SSDI, other)		-					
27	Section 8		-					
28	Food Stamps		-					
29	Other Offsets		-					

30	Total Offsets		-	-	-	-	-	-
31	Net Payment after offsets	\$	-	-	-	-	-	-
32	Monthly Billing Rate (net payment after offsets/ 12)	\$	-					

APPROVAL PROCESS FOR NEW OR EXISTING ALTR OCCUPANCY CONTRACTS

As noted in 101 CMR 420.00, the Executive Office of Health and Human Services determines the rates for new ALTR sites. As of January 1, 2017, ABI homes are paid ALTR regulated rates and new ABI sites come under the EHS rate setting process. Providers requesting a rate for a new site are to complete the Application for New Site Occupancy and submit with appropriate documentation to their Area Office. The Application for New Site Occupancy can be found on the main DDS POS web page under Forms.

The following process has been approved for providers to secure funding for new residential sites. Please note, review and approval of the location of the home by the Executive Office is separate from the rate setting process.

- The provider works with the Area Office to determine the need for new ALTR sites including funding issues.
- The provider must first obtain a lease, mortgage, or commitment for a mortgage before submitting a new site occupancy application.
- The provider works with its Area Office to complete an application form (APPLICATION FOR NEW SITE OCCUPANCY for ALTR Residence)
- The completed application form and necessary supporting documentation is forwarded to the Regional Office by the Area Office.
- The Regional Office reviews the application and documents and forwards to Central Office.
- Central Office reviews the application and documentation for completeness and reasonableness. As requested by EOHHS, DDS Central Office does not forward a package to EOHHS until the back-up documentation is complete.
- If acceptable, the application is forwarded to EOHHS; if not, it is sent back the Regional Office.
- Central Office notifies the provider, Area Office, and Regional Office of the submission to EOHHS.
- Central Office notifies all parties when the application receives final approval
- CONTRACTING – After EHS sets the rates, the Regional Office will amend the SOO, adding the new site rate to compute a new blended rate.

The Department developed a document to assist providers who are completing an Application for New Site Occupancy. The Minimum Document Requirements outlines the back-up documentation that EOHHS requires for different types of ownership. Please refer to the following prior to submitting an Application for a New Site Occupancy.

NEW SITE OCCUPANCY - Minimum Document Requirements by Property Type & Capital Leases & Related Parties: Prepared November 2016

All New Site Occupancy requests need to be accompanied by a complete application and the minimum documentary standards noted in the table below; additional documentation may be requested to better understand a specific site, program attribute, or expense. Applications and documents are to be presented in electronic format. Paper applications or documents will not be accepted.

All expenses must have proper supporting documentation in order to be considered as part of the occupancy rate. The only exception to this rule are expenses at or below the EOHHS standardized amounts in application version 07312015, Section [8], for utilities, maintenance, homeowner insurance, etc.

Related Party transactions may have significant financial implications for providers. See the entry for Related Parties in the table below. For further information, please refer to pages 59-61 in “UFR Audit & Preparation Manual, FY16” <http://www.mass.gov/anf/docs/osd/ufr/ufr2016.pdf>

In addition to a complete, accurate and current application, these are the minimum documentary requirements for new site applications:

PURCHASE EXISTING HOUSE	NEW CONSTRUCTION	LEASE & CAPITAL LEASE	RELATED PARTY LEASES
<ol style="list-style-type: none"> 1. HUD1 Settlement Statement (or other documentation of Purchase Price) 2. Mortgage or Loan document with Amount Financed and finance terms (amortization, interest rate, and length of financing). 3. Land Card from town assessor office (for Land Value amount) 4. Renovations. If renovations have been made or are in process. Include a contract with details of work and associated costs, and documentation of payment. 	<ol style="list-style-type: none"> 1. Mortgage or Loan document for construction costs (including total cost, amount financed, interest rate, terms of loan) 2. Mortgage or Loan document for Land Cost, land financed, terms of sale, if a separate transaction and not part of construction mortgage 3. Land Card from town assessor office (for Land Value amount) 4. Contract with details of work and associated costs related to construction and documentation of payment. 	<p>Lease including full legal address, monthly rent, length of lease.</p> <p>Additional documentation will be requested if it is determined that a lease is actually a Capital Lease. A Capital Lease is a lease agreement in which the lessor (owner) agrees to transfer the ownership rights to the lessee after the completion of the lease period.</p> <p>Determination of Capital Lease status will be made by EOHHS, but should be disclosed if it is discovered, or otherwise becomes known, at the Area or Regional Office.</p>	<p>When a Related Party to the provider is involved in an Adult Long Term Residential (ALTR) housing transaction, documents will be requested to help determine whether the lease amount is greater than the Related Party site acquisition costs (mortgage interest + depreciation + insurance + property tax [if applicable]). The lesser of the 2 amounts is the reimbursable lease amount.</p> <p>Determination of Related Party status will be made by EOHHS, but should be disclosed if it is discovered, or otherwise becomes known, at the Area or Regional Office.</p>

DDS APPROVED ABSENCE POLICY—RESIDENTIAL PROGRAMS

Effective July 1, 2016

At any given time in a residential program there is the potential for one or more consumers to be absent from the program. This absence can be of either a short term or a long term nature. When it becomes apparent to a provider that such absences will exceed the number of days reimbursed by virtue of the utilization factor built into the unit rate the provider may consult with the Area Director to determine the best form of action that will allow the provider to be properly reimbursed for staffing and other resources provided during the period of the absence. Such action may occur in one of two ways, or in a combination of the two. The available options are: 1. Program Model Change; and 2. Approved Absence Policy (AAP). The unique circumstances relating to the accumulated absences may help determine which option or combination of options is best suited to the program.

I. Program Model Change

When an absence from a program on the part of one or more individuals is likely to be long term in nature so that the staffing structure of the program can reasonably be adjusted to the revised lower capacity level, a modification to change the program capacity and the program model might be the most accurate method of adjusting to the change. If and when the consumer(s) return to the program a subsequent modification can be processed to change the capacity and model a second time.

II. Approved Absence Policy

When absences are of a short term nature and the capacity of the program is not changing in response to these absences, the program model change may not be the best option. In these situations the provider may choose to request the application of the Approved Absence Policy.

Permission to bill for absence days must be applied for by submitting to DDS the attached Billable Absence Request Form and Absence Policy Worksheet. These forms are to be submitted to the Area Director who manages the contract in question. Submissions should only occur once the Absence Policy Worksheet demonstrates that available units of service covered by the Utilization Factor have been exhausted. Once this has been demonstrated, the provider must indicate on the Billable Absence Request Form the specific individuals and dates for which they will attribute billable absence units.

The Area Director's signature approval may authorize the billing of any absences in excess of the utilization factor ***so long as there are no individuals enrolled in the program who have been absent for more than 60 consecutive days.*** Any individual who has been absent for more than 60 consecutive days must be reported in Section II of the Billable Absence Request Form, and requires that the Regional Director authorize the request.

Subsequent requests for additional billable absence units require the submission of an updated Worksheet and new Billable Absence Request/Approval Form. The deadline for submitting requests under the Approved Absence Policy is 15 days after the close of the fiscal year. In no case shall billing under this policy be permitted beyond the total number of billable days available to the program.

When absence units are requested for an individual, Billable Absence Request Forms need to be submitted to the Area Director who oversees service coordination for that individual. In cases where contracts contain individuals originating from multiple Area Offices, the provider must submit separate requests to each Area Office specific to the individuals they oversee.

Requests for billable absence units should be targeted at those absences which have occurred most recently in the program. When at all possible, absence units should only be awarded in the most recent billing month so as to reduce the need for supplemental billing.

No absence from a Residential program will be reimbursed to the provider except in the specific situations listed below.

A. Absences Due to Illness

In cases in which program absences occur because of illness and available units of service under the Utilization Factor have been exhausted, the Area Director may approve the absence for reimbursement. ***Any individual who has been absent for more than 60 consecutive days during the fiscal year must be reported in Section II of the Billable Absence Request Form.***

After 60 consecutive days' absence on the part of an individual, a decision must be made as to the advisability of continuing a particular individual in the program. If the Area Director supports the rare instance in which an individual should remain in the program after a period of 60 days absence the Area Director may request approval from the Regional Director for continued placement and absence reimbursement for a period of time as determined by the Regional Director to be necessary and appropriate.

B. Known/Recurring Absences

Residential contract rates are developed with a utilization factor that allows for planned routine absences (e.g. weekends home, vacation time, etc.). In cases in which an individual is expected to be out of a given residential program for planned, routine absences, such as family visits, and units available to cover absences under the Utilization Factor have been exhausted, the Area Director may approve billing for such planned absences. Once approved, billing will be allowed as if the individual were present and served. Relevant data and justification referring to the Known/Recurring Absence must accompany the Billable Absence Request Form.

Please Note: In rare cases where Known/Recurring absences are predictable, the rate model and number of units can be selected in advance to create a blended rate that adjusts program staffing and other resource levels during the planned absence period and at the same time fairly compensates the provider. When this has been done, these recurring absences shall **not** count toward the application of AAP. Only absences not considered in the selection of the program model shall be considered eligible for Approved Absence consideration. Providers who believe that they operate a program where this option is preferable should contact DDS staff to assess the feasibility of using this option.

III. Vacancies

The approved absence policy is not a vehicle for funding vacancies. In situations where a vacancy in the program exists, the site containing the vacant bed must be re-slotted to a lower capacity model before calculations regarding the exhaustion of utilization factor units occur. This applies to situations where there is a vacancy without an enrollment and to those situations where the Area Director determines that it is no longer advisable to maintain an individual's enrollment due to long-term illness or extended absence from the program.

IV. Combination of Program Model Change and AAP

In some circumstances it may be advisable to use a combination of the two options. For example, a series of short term illnesses or other recurring absences may have grown so that the provider has exceeded the number of Utilization Factor units whereby the provider has been granted AAP units. Later an individual is required to leave the program permanently or for a long term. Such a situation may require a program model change at that time.

V. Absence Policy Worksheet

A form has been made available for providers to track the usage of units reimbursed by means of the utilization factor. This form calculates the number of remaining units paid for by the utilization factor based on program capacity and year-to-date billing. When this form shows that all utilization factor units have been exhausted, the provider may then submit a request for billable absence units. Submission of the completed worksheet is required for all approved absence policy requests.

NOTE: This policy covers services contracted under DDS activity codes 3153 – Adult Long Term Residential Services and 3150 – Placement Services. As of January 1, 2017, this policy also applies to ABI residential services under codes 3751 and 3752.

BILLABLE ABSENCE REQUEST FORM—RESIDENTIAL PROGRAMS

Provider Agency:		Submission Date:	
Provider Contact:			
Contract ID:		Fiscal Year:	

I. Absence Policy Qualification Status:

☐

Additional documentation demonstrating exhaustion of Utilization Factor days attached

No absences shall be authorized for billing until all days available under applicable Utilization Factor have been exhausted.

II. Long Term Absences:

☐

Has any individual in this contract been absent 60+ consecutive days (Y/N)?

Name of Individual	Days Absent	Description

III. Absence Policy Billing Authorization:

☐

TOTAL number of absence days requested

In the table below indicate all individuals for which billable absence days are being requested (first name and last initial only), the date range in which billable absence days will be applied, the maximum number of billable absence days to be authorized for each individual, and a brief description of the reason for absences (ex: illness, planned absence, etc.).

NOTE: If this table does not provide sufficient space, please submit a complete listing as an attachment to this form.

Name of Individual	Billable Date Range	Max. Billable Days	Description

Absence days may only be billed in accordance with the maximum number of days indicated for each individual named above, and may not be transferred between individuals to meet the total number indicated above.

Area/Regional Director Signature:		Date:	
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Request Rejected

DDS APPROVED ABSENCE POLICY—NON RESIDENTIAL PROGRAMS

If an individual requires an absence from a non-residential program because of illness beyond two weeks of regular authorized hours, the Area Director may approve a continuation of the absence with reimbursement for certain periods. An Area Director's signature-approval is necessary in order for the Service Provider to bill for the third and fourth week absent from a non-residential program. For non-residential programs, allowable billing must be based on the regular weekly level authorized for the individual. If the absence continues beyond four weeks in a non-residential program, both the Area Director's and Regional Director's signature approvals are necessary for the Service Provider to bill for further reimbursement. The dual approval covers billing up to eight weeks absent from a non-residential program.

After eight weeks absent from a non-residential program, a decision must be made as to the advisability of continuing the individual in the program. In no case may reimbursement continue after the eighth consecutive week for non-residential services. All other sick days are not billable, and must be assumed under the Utilization Factor.

In the case of non-residential programs, the decision to permit billing for absences may limit allowable billing for absences to amounts that will not exceed the applicable utilization factor used to establish the billing rate.